

book. Inconsistencies also occur. A notable example is that considerable effort is expended in the first 2 chapters to distinguish "crisis" and "crisis intervention" from "psychological emergency" and "emergency intervention," and to dissuade the reader from using these terms interchangeably. However, in chapters 3, 4 and 6, either these terms are used interchangeably or new definitions are given. Some chapters would benefit from increased succinctness and decreased preoccupation with referencing every statement.

The inspiration for this book came from the editor's considerable clinical and supervisory work with psychology interns in emergencies at the Boston Veteran Affairs Medical Center. The editor and the chapters' authors, most of whom are psychologists, have created a book that will serve well psychology interns, their supervisors, and students and staff of other mental health professions in the evaluation and management of emergencies in mental health practice. I hope that this book will be a catalyst for increased training in this important but rather neglected field of mental health practice.

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Obsessive-Compulsive Disorder: The Facts, 2nd edition. de Silva P, Rachman S. New York: Oxford University Press; 1998. 141 pp with index. ISBN 0-19-262860-7 (paper). \$28.50.

This is a small book — only 141 pages in its second edition — and part of a series on a number of

medical topics entitled "The Facts." Other topics in this series include alcoholism, asthma, cancer, eating disorders, and kidney failure.

The authors are both psychologists who are well known to psychiatry and have extensive experience in the area of anxiety disorders, including obsessive-compulsive disorder (OCD).

The book is intended as an information source for patients who have OCD and their families and friends, but it would also be very useful for workers in health care who need to have an overview of this disorder but are not directly involved in assessment and treatment. It would also be useful for family practitioners as a quick read.

The first chapter describes the classification of anxiety disorders and the diagnostic criteria used for OCD. Unfortunately, the authors use the terms "neurotic disorder" and "neuroses," which have many negative connotations and have not been used in the *Diagnostic and Statistical Manual of Mental Disorders* for many years. Beyond this initial bad start, the chapter goes on to include an excellent description of obsessions and compulsions with great attention to detail — explaining covert compulsions, resistance, distress and interference. Obsessions and compulsions of everyday life are also discussed. The detail reflects the authors' behaviouristic background and would be extremely helpful for a patient and family when first engaging in cognitive behavioural therapy.

Subsequent chapters continue with a good description of clinical phenomena, including the relation of OCD to other psychiatric disorders

and the various ways OCD can present, illustrated with several clinical vignettes. The impact on family, prevalence rates and cultural factors are also included.

Even considering the main purpose of the book, the section on etiology is very brief and superficial. The description of the psychoanalytic view of OCD could have been deleted, as this is only of historical interest and could be confusing to a lay reader. More detail regarding the biological aspects of OCD should have been included, as well as some information on how OCD can be seen from an evolutionary perspective. This would have been helpful in easing the guilt that patients and family often have about the role they feel they may have played in the development of the illness.

The chapter on treatment heavily emphasizes behavioural therapy, reflecting the clinical background of the authors. Although this provides patients and families with information on an aspect of treatment that will require their active involvement, the brief discussion of drug treatments does not provide enough information and also implies that pharmacotherapy is a secondary aspect of treatment.

The penultimate chapter on assessment only briefly mentions the Yale Brown Obsessive Compulsive Scale, which is the one most commonly used in Canada, whereas it includes the complete Maudsley Obsessional Compulsive Inventory, which is useful but is not widely used. The Leyton Obsessional Inventory, also mentioned, is never used. All of this may serve to confuse patients who may see the book as authoritative and then wonder why these scales

are absent from their assessment and treatment.

The final chapter on practical advice is good. However, the list of helpful organizations at the back of the book is very incomplete with respect to Canada; only 3 addresses from 3 provinces in eastern Canada are listed!

In conclusion, the book has some of the facts on OCD, but not all. The description of clinical phenomena is excellent. The inclusion of a discussion of OCD and pregnancy would have been useful, as would a treatment flow chart with more emphasis on biological treatment. Also, since the majority of cases of OCD begin in childhood or early adolescence, a separate section on this area would have been useful. Such a section should include some comments

on the known association between group A β -hemolytic streptococcal throat infections and the acute onset of OCD in some cases.

This book is not the best self-help book for patients in Canada. There are others available that have more complete lists of helpful addresses and are more compatible with the clinical approach a Canadian psychiatrist would most likely take with respect to treatment. The suggested price of \$28.50 also makes the book quite expensive, considering the small size and soft-cover format.

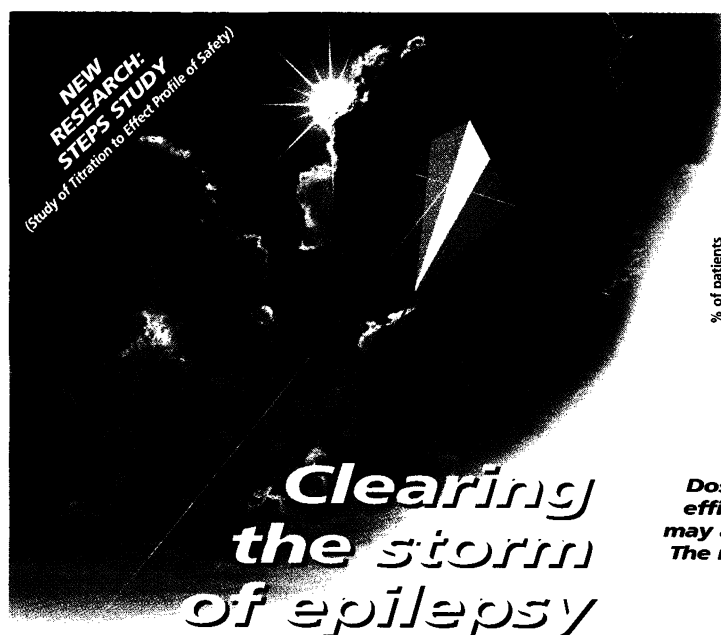
The strengths of the book are that it is well written, well organized and easy to read.

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Obsessive-Compulsive Disorder: Theory, Research and Treatment. Swinson RP, Antony MM, Rachman S, Richter MA, editors. New York: The Guilford Press; 1998. 478 pp with index. ISBN 1-57230-335-2 (cloth). US\$50.

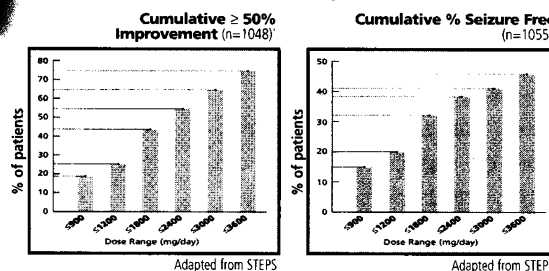
This book, as its subtitle indicates, sets out to review all aspects of obsessive-compulsive disorder (OCD). It is comprehensive, consisting of 18 chapters by 41 contributors, and is divided into 3 major sections. The first is on psychopathology and theoretical perspectives, the second on assessment and treatment, and the third on obsessive-compulsive spectrum disorders.

There is also a 6-page appendix of information on national organiza-



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the storm
of epilepsy**
**STEPS study highlights
Neurontin's* improved
efficacy as add-on therapy
at higher doses.**

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Study examined patients with partial seizures with or without secondary generalizations. STEPS was a prospective, open-label, 16-week, multicentre study.

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¹In previous fixed dosage studies somnolence and ataxia appeared to exhibit a positive dose-response relationship. Patients treated with 1800 mg/day (n=54) experienced approximately a two-fold increase as compared to patients on lower doses of 600 to 1200 mg/day in the incidence of nystagmus (20.4%), tremor (14.8%), rhinitis (13%), peripheral edema (7.4%), abnormal coordination, depression and myalgia (all at 5.6%). Neurontin is indicated as adjunctive therapy for the management of patients with epilepsy who are not satisfactorily controlled by conventional therapy.